## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

12/29/2005

28390

01/

7590

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

(571) 273-2885 or Fax

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications. Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

MEDTRONIC VA IP LEGAL DEPAR 3576 UNOCAL PL SANTA ROSA, CA	TMENT ACE	JAN 2 :	487 3 2006	Cer I hereby certify that th States Postal Service v addressed to the Mai transmitted to the USP	rtificate of Mailing or Transi is Fee(s) Transmittal is being with sufficient postage for firs I Stop ISSUE FEE address TO (571) 273-2885, on the day	mission  the deposited with the United the class mail in an envelope above, or being facsimile ate indicated below.
24/2006 MGEBREM2 000000	70 012525 10010911	\ <del>ä</del>	, <u>t</u> t./	Kimber	ly Melvin	(Depositor's name)
FC:1501 1400.00 D		JAN 2:	MAN OFFI	Kuj	Phi	(Signature)
FC:1504 300.00 D FC:8001 6.00 D				Januar	y 18,2006	(Date)
APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR		ENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/010,911	10/010,911 11/20/2001		Victor I. Chomenky		P775 CON 3	6127
TITLE OF INVENTION: DI	EVICE FOR DELIVERING	LOCALIZED X-	RAY RADIATIO	N TO AN INTERIOR OF	A BODY AND METHOD OI	F MANUFACTURE
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400		\$300	\$1700	03/29/2006
EXAMINER		ART UNIT		CLASS-SUBCLASS		
SHAY, DAVID M		3735		606-033000		
I. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custome Number is required.			2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Santa Rosa, California USA						
Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government						
4a. The following fee(s) are	enclosed:	41	b. Payment of Fee(s):  A check in the amount of the fee(s) is enclosed.			
	mall entity discount permitte	ed)	credit card. Form PTO-2038 is attached.			
Advance Order - # of Copies						credit any overpayment, to opy of this form).
5. Change in Entity Status (from status indicated above)  a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).						
The Director of the USPTO NOTE: The Issue Fee and Puinterest as shown by the reco	ublication Fee (if required) v	vill not be accepted	d from anyone othe	to re-apply any previousler than the applicant; a regi	y paid issue fee to the application stered attorney or agent; or the	tion identified above. le assignee or other party in
Authorized Signature Alemi Crause  Typed or printed name Catherine C. Maresh  Registration No. 35, 268						
This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.						

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.